## **APPLICATION DATA SHEET**

## **Application Information**

Application Number:: New

Filing Date:: 02/09/04

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification:: None

Suggested Group Art Unit:: None

CD-ROM or CD-R?:: None

Sequence Submission:: None

Computer Readable Form (CRF)?:: No

Title:: FILTER BASED LONGEST PREFIX MATCH

**ALGORITHM** 

Attorney Docket Number:: ALC 3116

Request for Early Publication?:: No

Suggested Drawing Figure:: None

Total Drawing Sheets:: 3

Small Entity?:: No

Petition Included?:: No

Licensed US Govt. Agency:: None

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: David

Middle Name:: James

Family Name:: Wilson

Name Suffix::

City of Residence:: Kanata

State or Province of Residence:: ON

Country of Residence:: Canada

Street Mailing Address:: 4 Tamara Way

City of Mailing Address:: Kanata

State or Province of Mailing Address:: Ontario

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: K2M 2K6

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Bashar

Middle Name:: Said

Family Name:: Bou-Diab

Name Suffix::

City of Residence:: Ottawa

State or Province of Residence:: ON

Country of Residence:: Canada

Street Mailing Address:: 87 Fifth Avenue

City of Mailing Address:: Ottawa

State or Province of Mailing Address:: Ontario

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: K1S 2M3

**Correspondence Information** 

Correspondence Customer Number:: 30868

Name:: Terry W. Kramer

Street of Mailing Address:: Kramer & Amado, P.C.

2001 Jefferson Davis Highway

Suite 1101

City of Mailing Address:: Arlington

State or Province of Mailing Address:: VA

Country of Mailing Address:: US

Postal or Zip Code	of Mailing A	ddress:: 2220	2		
Phone Number::		703-413-5000			
Fax Number::		703-413-5048			
E-mail address::		terry@kramerip.com			
Representative In	formation				•
Representative Customer		30868			
Number::					
				•	
<b>Domestic Priority</b>	Informatio	n			
Application:: Contin		uity Type:: Parent Application::		ion::	Parent Filing Date::
	•				
Foreign Priority Info	ormation				
Country:: Applica		ation number::	Filing Date::		Priority Claimed::
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	, <b>1</b>				·
Assignee Informa	ition				
Assignee Name::		Alcat	el		
Street of Mailing A	ddress::	54, r	ue La Boétie		

Paris

France

City of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address:: 75008